

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Prosthetic Providers
Orthotic Providers
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 02-87 MAA
Issued: December 1, 2002

For Information Contact:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Change in Prosthetic and Orthotic Devices Fee Schedule

Effective for dates of service on and after December 1, 2002, the Medical Assistance Administration (MAA) will replace procedure code A5502 with procedure codes A5509 and A5511.

Attached are replacement pages G.77-G.80 for MAA's Prosthetic and Orthotic Devices Billing Instructions, dated September 2001, which reflect the replacement of code A5502.

Reminder!

Effective July 1, 2000, prosthetic and orthotics providers were required to be licensed through the Washington State Department of Health to bill for certain procedure codes. If you provide both prosthetics and orthotics, you will need to have a license for both. An indicator regarding the licensure requirement is found next to the procedure code in the fee schedule in MAA's Prosthetic and Orthotic Devices Billing Instructions.

Remember to bill MAA your usual and customary fee. To obtain MAA's billing instructions and/or numbered memorandums electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>July 1, 2002 Medicaid Max. Allow.</u>
L8612			Aqueous shunt	#
L8613			Ossicula implant	#
L8614			Cochlear device/system	#
L8619			Cochlear implant external speech processor, replacement	#
L8630			Metacarpophalangeal joint implant	#
L8641			Metatarsal joint implant	#
L8642			Hallux implant	#
L8658			Interphalangeal joint implant	#
L8670			Vascular graft material, synthetic, implant	#
L8699			Prosthetic implant, not otherwise specified	#
A5500			For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	\$66.00
A5501			For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	\$190.00
A5502			For diabetics only, multiple density insert(s), per shoe. Discontinued with dates of service on or after July 1, 2002	\$34.05

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	July 1, 2002 Medicaid Max. Allow.
A5503			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	\$33.00
A5504			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedges, per shoe	\$33.00
A5505			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	\$33.00
A5506			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	\$32.00
A5507	Y		For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay or custom molded shoe, per shoe	B.R.
A5509			For diabetics only, direct formed, molded to foot with external heat source (i.e. heat gun) multiple density insert(s), prefabricated, per shoe	\$33.00
A5511			For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe	\$33.00
K0112			Trunk support device, vest type, with inner frame, prefabricated	#
K0113			Trunk support device, vest type, without inner frame, prefabricated	#

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	July 1, 2002 Medicaid Max. Allow.
K0114			Back support system for use with a wheelchair, with inner frame, prefabricated	#
K0115			Seating system, back module, posterior-lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base	#
K0116			Seating system, combined back and seat module, custom fabricated for attachment to wheelchair base	#
A4280			Adhesive skin support attachment for use with external breast prosthesis, each.	#
A5508			For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	#
V2623			Prosthetic eye, plastic, custom	\$853.41
V2624			Polishing/resurfacing of ocular prosthesis	\$64.39
V2625			Enlargement of ocular prosthesis	\$391.46
V2626			Reduction of ocular prosthesis	\$211.01
V2627			Scleral cover shell	\$1,362.83
V2628			Fabrication and fitting of ocular conformer	\$321.79
V2629	Y		Prosthetic eye, other type	B.R.

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